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AUTHOR Garland, Corinne; And Others
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ABSTRACT

Models of collaboration among disciplines and among agencies have been developed in the early intervention field in response to the need for service coordination for young special needs children and their families. Case management is seen as a mechanism for effectively coordinating these services, and encompasses the tasks of assessing client needs, developing service plans, coordinating service delivery, monitoring service delivery, evaluating services, and advocating on behalf of the needs and rights of the client. Early intervention models using a case management approach include the transdisciplinary service model and the transagency model. Guidelines for choosing a case manager and determining the family's role in case management are outlined, and administrative and policy issues are considered. (JDD)

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WHITE PAPER

Case Management

Corinne Garland

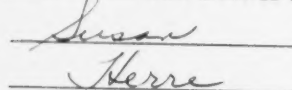
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Review of the Literature

The need for coordination of services for young children with special needs and their families is well documented in the professional literature. Elder and Magrab (1980), and Woodard, Cooper and Trohanis (1982) have discussed problems that families face in pulling together services from a variety of disciplines and agencies. Professionals, sensitive to these problems, have responded by developing models of collaboration among disciplines and among agencies.

While the concept of case management may be relatively new to early intervention, literature from the fields of health care, mental health, and social work addresses both the need for and the purpose of case management. Case management is "widely viewed as a mechanism for linking and coordinating segments of a service delivery system, within a single agency or involving several providers, to ensure the most comprehensive program for meeting an individual client's needs for care" (Austin, 1983). The case manager has a role in ensuring not only that services needed are delivered, but that service delivery itself is effective and efficient. Erikson (1981) describes case management as having a dual purpose: helping the client obtain needed services and helping the system itself to reach out to the client, to deliver its services and to fulfill its role in the community. The case manager should ensure not only responsiveness, but efficiency, making certain that services are available at a time and location that allows a client to have access, avoiding scheduling conflicts, and eliminating wasteful and duplicative efforts (Itagliata, 1982). Case management tasks described in the literature (Compher, 1984; Eriksen, 1981; Austin, 1983) included:

- 1) Assessing client needs
- 2) Developing service plans
- 3) Coordinating service delivery
- 4) Monitoring service delivery
- 5) Evaluating services
- 6) Advocating on behalf of the needs and rights of the client

If human services systems were easily accessible, flexible in design, and easily coordinated, case management would be superfluous. However, whether viewed from a public health, mental health, or an early intervention perspective, there is broad acknowledgement of the need to help clients negotiate a complex maze of services. Professionals across disciplines see a need for case management to serve as "a bridge between people and systems...closing the gap between traditional service systems and the needs and rights of the whole person." (Eriksen, 1981, p.9). While administrators may be concerned with the costs of case management, which they may see as an additional service imposed by the law, in fact, case managers offer a service to the service delivery system itself by eliminating wasteful and duplicative efforts.

P.L. 99-457 and the IFSP

The case management requirement of P.L. 99-457, Part H, appears in section 676, within the context of the Individualized Family Services Plan:

The IFSP shall contain the name of the case manager from the profession most immediately relevant to the infant or toddler's or family's needs who will be responsible for the implementation of the plan in coordination with other agencies or persons.

Recently proposed regulations (Federal Register, Nov. 18, 1987) offer clarification of the case management role as assistance to families in "gaining access to early intervention services" specified in the IFSP. Case management services would include:

- 1) Coordinating the performance of evaluations and participating in the development of the individualized family service plan,
- 2) assisting families in identifying available service providers,
- 3) coordinating and monitoring the delivery of services including coordinating the provision of early intervention services with other services that the child or family needs or is being provided, but that are not required under this part, and,
- 4) facilitating the development of a transition plan to preschool services where appropriate.

The Case Management Role of the Family

The case management role of the family is rarely addressed in the literature outside of the field of early intervention. Neither is the family described as a member of the service planning team. Determining with the family the extent to which they wish, or are able, to be involved in case management, is a critical task to family-centered early intervention services. Parents must have a major role in determining the extent and degree of their own participation as case manager, allowing for individual differences in their levels of interest, skill, comfort, and the time they have available to devote to case management. Professionals need to consider these factors and facilitate parental involvement in case management activities.

Families must also have a role in selecting the case manager. Their trust in and comfort with the case manager is necessary for case managers to go beyond the formal services delivery system in identifying family needs and resources. Effective case managers will work with parents to integrate their informal support network of family members, friends, and community groups with the formal care system. This approach to case management will result in a service system that builds on the strengths of families to help them meet their own needs.

If through case management an efficient service plan is developed that avoids service entanglements, the family can direct their own resources and energies to meet their own needs and resolve their own problems (Compher, 1984). In such cases, the families would rely on the formal service system when necessary and appropriate. Surely, this is the intent of P.L. 99-457 and the IFSP.

Case Management Models

There are early intervention models, especially those developed with the federally funded Handicapped Children's Early Education Program (HCEEP) network, that draw on the skills of a variety of agencies and disciplines and that use a case management approach. The transdisciplinary service model, mentioned earlier, was originally developed by the United Cerebral Palsy National Collaborative Infant Project (1976). It provided the basis for models of service delivery and for the training of professionals currently offered by Child Development Resources in Virginia, Project Dakota, in Minnesota, Project Optimus, in Massachusetts, and others.

Transdisciplinary

Typically, the transdisciplinary team, composed of the family and professionals from a variety of disciplines, collaborates in assessment and program planning. One individual, chosen from among the team, works in consultation with colleague specialists, to carry out the individualized plan. Together with the family, the case manager integrates the information and skills of the entire team to work with family and child on IFSP goals, to ensure coordination and communication among providers, and to monitor services to ensure that services planned are actually provided. In the transdisciplinary model, the case manager is typically both primary provider and service coordinator. The case manager integrates the services of the early intervention program with those delivered by other agencies using formal and informal channels of interagency coordination. Figure 1 illustrates the organization of such a team.

Transagency

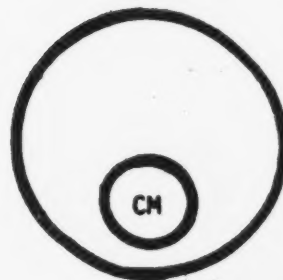
The "transagency" team provides an alternative structure for case management, bringing together not only the many disciplines working within a single agency, but also variety of agency representatives to assess needs and plan services. These are models in which the transagency team is created specifically for the purpose of the early intervention program and the agencies represented on the team are determined by the nature of the early intervention program itself. Figure 2 illustrates the participation of the entire early intervention team as part of a larger transagency team. In Figure 3, an adaptation of this model, one member of the early intervention program represents the program on the transagency team. In either case, the early intervention program remains responsible for case management and for the tasks of integrating, implementing, and monitoring the IFSP devised by the larger team.

There are obvious problems associated with having the primary service provider be responsible for case management tasks of monitoring, evaluating and advocating for expanded, improved or changed services. A case manager who is independent of service delivery responsibilities may provide more active and objective advocacy. Figure 4 illustrates a transagency team that hires its own paid case manager. This case

CASE MANAGEMENT MODELS

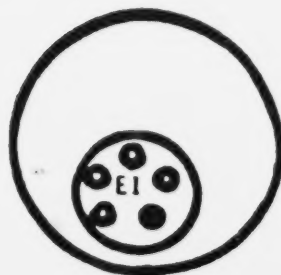
TRANSDISCIPLINARY TEAM

Figure #1



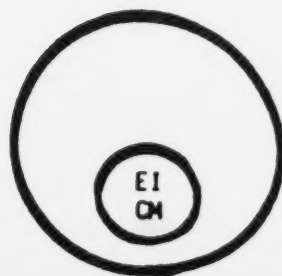
TRANSAGENCY TEAMS

Figure #2



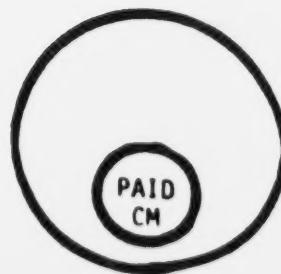
EI TEAM
PARTICIPATES-
1 DESIGNATED
EI CM

Figure #3



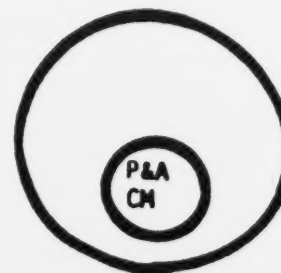
EI TEAM
REPRESENTATIVE
SERVES AS CM

Figure #4



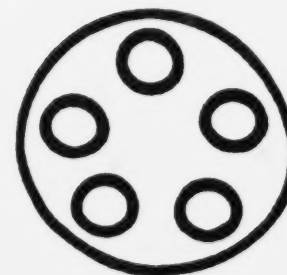
PAID CM

Figure #5



PROTECTION
&
ADVOCACY CM

Figure #6



CM CHOSEN
BASED ON
NEEDS

manager is not the primary interventionist, but is charged with coordination, monitoring, and advocacy. Figure 5 illustrates the team in which the agency charged with protection and advocacy has case management responsibility. Figure 6 shows a team in which any one of the participating agencies may be asked to take on case management responsibility. This is a flexible model that has the advantage of allowing the case manager to be chosen based on family/child needs.

Figure 4-6 shows models that work well for early intervention programs in communities with existing interagency teams originally developed to serve other purposes. In Virginia, multidisciplinary teams representing multiple agencies consult regularly on child abuse cases. Social service agencies, charged by law with child protective services, necessarily have case management responsibility on these teams. However, such teams, with established working relationships, might adapt well to a new early intervention team function. Case management responsibility can be assigned in any of the ways described above.

Despite the advantages of a case management system that is independent of primary early intervention service delivery responsibility, such models are not without disadvantage. When the case manager is not the primary interventionist, the family must form a trusting and close working relationship with both provider and case manager. Some program planners and families will prefer not to expand the number of persons with whom the family needs to work, and will choose a transdisciplinary model that will be less intrusive on the family.

Choosing a Case Manager

There is a clear need for parents to play an active role in selecting a case manager and in determining the extent of their own case management responsibilities. Case management systems must include provision for continuing evaluation of service needs so that both program and case management changes can be made in response to changing child and family needs. While the law states that the case manager shall be chosen from the "profession most immediately relevant" to child or family needs, in an earlier position paper developed by the Division for Early Childhood, Smith and others (1987) noted that an appropriate interpretation would have case management responsibilities placed with the person whose skills most closely meet child or family needs.

The selection of case manager must be made based on the skills and ability of an individual who serves that role. A case manager is not a new professional on the team. Rather representatives of each discipline serving on the team should be encouraged to expand their skills to participate in the continuing team efforts of assessment, planning, monitoring, evaluating and advocacy. Team members who serve as case manager must have, in addition to the skills specific to their disciplines, skills in working with the team and with the family as part of that team.

Skills in Working With the Team

The case manager must have a thorough awareness of services needed and of state, federal and community resources, as well as of application and referral procedures. The case manager should be able to establish cooperative relationships with service providers, and should be skilled in bargaining, negotiating and mediating. This individual should have an ability and willingness both to share her skills and information and to learn those of other team members. Additionally, the case manager should demonstrate the ability to give clear case presentations, and should possess strong advocacy skills on behalf of clients, as well as being able to help families acquire advocacy skills.

Skills in Working With the Family as Members of the Team

The case manager must be able to develop a relationship of rapport and trust with families putting them at ease, whether working at home or in other settings. The case manager should be able to increase a family's confidence in their own abilities, and should contribute to the family's case management skills, providing encouragement, support and feedback. Case managers should have not only an understanding of family dynamics and systems but also an understanding of developmental disabilities and their effects on development and on families.

Administration and Policy Issues

In addition to the structure of the early intervention team and the selection of case manager, there are several administrative issues that should be considered in developing a system of case management. Whether the team represents disciplines with a single agency or multiple agency representatives, the team must be empowered to act as a team by the administrative entities to which they report. They must be allowed time to work as a team as part of their regular responsibilities. Representatives must have administrative approval for their roles as team members, enabling them to set aside primary loyalty to an agency or disciplines in favor of primary commitment to a child and family's service needs. Administrative procedures and policies should assist in information sharing while still providing appropriate safeguards of confidentiality for children and families.

Interagency Coordinating Councils within each state will need to develop statewide policies and procedures that facilitate and encourage such transagency coordination at the local level. Fiscal procedures should enable teams to hire personnel if needed. Similarly, statewide policies should encourage the development of systems of accountability so that case managers and families working within an interagency or transagency context have a process for resolution of grievances if services planned have not been delivered. The lead agency and Interagency Coordinating Councils share responsibility for ensuring inservice training for interagency or transagency team members in team role and function in case management.

A final administrative issue is the development of a system for supervision, evaluation, and continuing professional growth of the case

manager. The basis for evaluation should be a job description which includes a clear definition of the case manager's roles and responsibilities. Case managers may be supervised by an administrator from within their own agency. However, depending on the structural model chosen, the case manager may be supervised by a transagency team. In any event, it is important that the case manager have regular opportunities for supervision, for consultation with fellow team members, and for continuing support in the case management role. The state Interagency Council should, in their development of program standards, give consideration to a process for supervision and for the continuing professional development of those persons who accept the challenge and responsibility of case management, those who attempt to be "the human bridge between people, systems, and services." (Eriksen, K. 1981).

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LIST OF RESOURCES

Corinne Garland
 Child Development Resources
 P.O. Box 299
 Lightfoot, VA 23090
 (804) 565-0303

Linda Kjerland
 Project Dakota
 6800 O'Neill Drive
 Eagan, MN 55121
 (612) 454-2732

Geneva Woodruff
 Project OPTIMUS
 77B Warren St.
 Brighton, MA 02135
 (617) 783-7300

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The Division for Early Childhood
 The Council for Exceptional Children
 1920 Association Drive
 Reston, Virginia 22091

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